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29 January 1986

Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT

EPIDEMIOLOGY

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BERMUDA

CHIEF MEDICAL OFFICER SAYS AIDS NOW 'EPIDEMIC'

Hamilton THE ROYAL GAZETTE in English 28 Nov 85 p 1

/Unsigned article: "AIDS Now Epidemic, Health Chief Reports"/

/Excerpt/

Chief Medical Officer Dr. John Cann will announce today three more AIDS victims have been confirmed as the killer disease becomes an epidemic in Bermuda

The new figures show the number of cases of Acquired Immune Deficiency Syndrome has climbed to at least 27 during the last two months, from 24 cases confirmed by doctors in September.

But Dr. Cann insisted all AIDS cases had been linked to the high-risk groups of drug addicts and homosexual men and there was no evidence the disease was spreading to other people.

He said: "The Acquired Immune Deficiency Syndrome remains a serious public health problem. It is likely that it will continue to be a major health concern for years to come.

"We have an epidemic. We have a large number of cases for a population our size, and in comparison with other countries in the world."

The latest figures show 27 cases had been reported to the Surveillance Unit of the Department of Health by the end of October.

But the number of patients who have died after being infected by the incurable disease had remained at 17.

Earlier this month Minister of Health and Social Services the Hon. Mrs. Ann Cartwright DeCouto criticised radio newsmen for reporting a prisoner in Casemates had died of AIDS.

Dr. Cann said all of the cases have been restricted to people aged between 20 and 49 years, with the largest number, 48 percent, in the 30-39 year-old age group.

The younger, 20-29 year-old group accounts for 37 percent of the cases, while 14 percent are in the 40-49 year-old range.

Men account for 77.7 percent of the cases, and 92.5 percent of the victims have been black. Intravenous drug abusers account for 81.4 percent of the cases, and homosexual and bisexual males for 7.4 percent.

Dr. Cann said: "The pattern and distribution of reported cases has not changed. Intravenous drug abusers remain the primary high risk group."

He said 11 percent of the cases had occurred in the sexual partners of drug abusers, while a few cases had been discovered in homosexual or bisexual males.

/12851
CSO: 5440/031

BURKINA

BRIEFS

VACCINATION OF CHILDREN--The administration of Vaccination Epidemiological Surveillance is pleased to inform the militant people of the Republic, in particular the militants of Ouagadougou city, that Urban Health has definitely established permanent vaccination centers. Vaccination sessions will be held every 15 days, Saturdays only, from 8 am to 10 am , in other words, two sessions a month. Eleven vaccination centers have been set aside in Ouagadougou city. They are: the central city dispensary's Pediatric Room; Dapoya II's PR; Wemtinga's PR; the Larle dispensary; the Kossodo dispensary; the sector 28 dispensary; the Cissin dispensary; the Samandin PR; the protestant dispensary and, finally, the Tampouy dispensary. Sessions will begin Saturday, 16 November, 1985, for children aged 9 months to 3 years. Newborns will be given BCG injections in maternity wards. This expanded vaccination program does not affect schools, which will be taken care of only for antitetanus vaccinations, in CP 1 and CP 2 classes. Vaccination means protection. Parents, have your children vaccinated--they are the most vulnerable. We will conquer death as [we did] the nation. [By Comrade Boly Sita] [Text] [Ouagadougou SIDWAYA in French 14 Nov 85 p 3] 9825/12781

CSO: 5400/47

CAMEROON

BRIEFS

VACCINATION DRIVE--The provincial section of the Adamaoua Preventive Medicine and Public Health Department in Ngaoundere, directed by Dr Bouloumie, has been conducting the third session of the special rural vaccination drive since May 1985. This drive is aimed at young children from 0 to 3 years and pregnant women. The vaccines to be administered protect patients against measles, tetanus, whooping cough, diphtheria, tuberculosis and poliomyelitis. The vaccination session is free of charge. Quarter chiefs are responsible for making the people aware of the importance of this drive in protecting their health. During this third work phase of the drive, the medical team stopped in Mamroe, Aoudi, Melaka, Ndelbe III Kwa, Madagascar, Joli Soir, the Regifercam Camp and Sang. /Text/ /Yaounde CAMEROON TRIBUNE in French 6 Sep 85 p 5/ 9825/12228

CSO: 5400/35

CHAD

TRAINING ESTABLISHED FOR TUBERCULOSIS, LEPROSY CONTROLLERS

Ndjamena INFO TCHAD in French 26 Oct 85 pp 9-12

[Text] ATP [Agence Tchadienne de Presse]--The first interstate training course for leprosy and tuberculosis controllers, organized for the benefit of citizens of the Central African Republic and Chad, concluded with a solemn ceremony held yesterday morning at the Central Hospital in Ndjamena. For a 2-month period, 10 Central African and 11 Chadian nurses received theoretical and practical training. The 16 teachers included nine doctors or laboratory technicians in the Chadian and Central African health services. The subjects taught had to do in particular with the organization of the campaign against mycobacterial infections. The closing ceremony was attended by the first representative of the embassy of the Central African Republic, representatives of the OCEAC [Organization for Coordination in Control of Endemic Diseases in Central Africa] and other international bodies, and directors and heads of health services. During the ceremony, advanced training diplomas were presented to those completing the course by Minister of Public Health Mahamat Nour Mallaye.

This first 2-month course was initially scheduled to be held in Bangui, and was designed to triple the number of leprosy and tuberculosis controllers usually trained in a 2-year period, the director for major endemic diseases, Dr Guelina, stated. During the meeting of the working group of epidemiologists in April 1985, our representatives requested that this training be offered in Ndjamena, in Chad, in order to renew the leprosy and tuberculosis checks in the periphery of the capital during the practical phase of the work, Dr Guelina explained. This proposal was accepted by the Central African experts and by the OCEAC. And so it was that facilities for accommodating the training course students were created.

Speaking of the practical work phase in Massakory and the surrounding villages, the director for major endemic diseases emphasized that in the course of these 12 days of research, the course participants evidenced complete willingness to learn. "They demonstrated the desire to acquire deeper knowledge and to put it in practice." All of them, without exception, sacrificed themselves in the service of our peasants, and thanks to their effort and their dedication, 6,927 individuals were examined, 107 were identified as likely leprosy cases, 67 of these being confirmed, while 40 individuals will be kept under surveillance. Sixty individuals were

identified as likely tuberculosis patients, of which 14 were confirmed. The director of major endemic diseases said that the situation is worrisome.

Speaking to the 21 Central African and Chadian course participants, Dr Guelina said: "Your respective governments have chosen you on the basis of your capabilities and the needs of your countries in the campaign against leprosy and tuberculosis. You must, on return to your respective jobs, apply this knowledge acquired in Djamena and Massakory in the service of the neediest patients, those whom no one, before Raoul Follereau, wanted to care for." He added that "these patients await you, they need you, and you must be willing, thanks to your training, to serve them."

The director took the opportunity to thank all those who made their contribution to the organization, the implementation and the success of this first training course for leprosy and tuberculosis controllers in Chad. He reiterated his continued willingness to deal with the problem of the endemic scourges from which our peoples suffer.

The second speaker, Roger Josseran, head of the Education and Documentation Center of the OCEAC, recalled the goals which led that organization to organize national apprenticeship courses, in other words training of larger numbers of leprosy and tuberculosis controllers, with physicians participating, by adapting the theoretical foundations of the training to the local context, be it in Chad or the Central African Republic. This expert, who followed the development of the course, expressed his satisfaction, because an assessment of the activities pursued during this short training course, with the support of the Major Endemic Diseases Office in the Republic of Chad, on the one hand, and the Office of Preventive Medicine and Major Endemic Diseases in the Central African Republic, on the other, shows that each of the goals established was achieved.

The minister of public health, for his part, emphasized the appreciation of the government of the Third Republic, and its head, Comrade Al Hadj Hissein Habre, for all of the activities undertaken with a view to the health of the citizens of Chad.

The health sector is a priority today in the socioeconomic program of our country, Minister of Public Health Mahamat Nour Mallaye said. Thanks to the tireless effort made after 7 June 1982, the results achieved in terms of rehabilitating our health structures are eloquent, despite the aggression by Libya and the catastrophes of all kinds, he added.

This course represents the concrete implementation of the desire of the states in the subregion to draft and adopt a joint strategy for combatting social scourges, Mahamat Nour Mallaye explained. In fact, it reflects the desires expressed by the working group of epidemiologists during the 1982 meeting in Yaounde. But it also represents the implementation of resolutions Nos 222 and 223 of 1983 pertaining to the intensification of the battle against the diseases of leprosy and tuberculosis, which are endemic in the Central African subregion. The Interstate Ministerial Committee of the OCEAC, meeting in Brazzaville on 18 and 19 November 1983, approved the recommendation of technicians who were very concerned by the lack of progress in the results

achieved in the struggle waged by the member nations in the past decade against these two diseases. This committee therefore insisted on the need to mobilize the efforts of all health agents to improve the results. Similarly, the secretary general of the OCEAC, in his continuing concern for finding the best approach to the problem, spared no effort in immediately finding the resources essential for the intensification of this campaign, through the training and specialization of public health agents.

Speaking to the organizers, supervisors and controllers, the minister of public health said that the purpose of the course had been achieved. The assiduous effort of the participants reflected their increased awareness and obvious desire to acquire deeper knowledge. The public health official asked that the graduates of the course, after having learned to diagnose leprosy and tuberculosis, having become familiar with the current methods of combatting these diseases, and having practiced the methods of research in the field for 12 days in Massakory, to serve henceforth as responsible officials for the control of leprosy and tuberculosis in the exercise of their normal duties. Having acquired the knowledge, Mahamat Nour Mallaye stressed, it is the duty of the new controllers to train their colleagues, in turn, with a view to the better coordination of the tracking units and efficiency in the activities of combatting leprosy and tuberculosis.

The apprenticeship course enabled all the participants to enrich their knowledge of the new strategies of combatting the scourges of leprosy and tuberculosis. But it has also created a desire to train teachers capable of taking charge later of the necessary advance training for personnel whose needs in this sector are great, Mahamat Nour Mallaye commented. Now it is the task of the controllers to teach the methodology of the campaign to nurses, in order to provoke their thinking in a sector wherein, even though it is the duty of the OCEAC to pave the way and point the direction, it nonetheless falls to us to limit the scope and development as a function of our needs and our potential, the minister of public health said in conclusion. We might note that the Central African and Chadian participants in the course, after thanking the government of Chad for its active hospitality, and the members of the OCEAC and the international bodies, they recommended the establishment of an institute for the training of supervisors of leprosy and tuberculosis controllers within the OCEAC, and the creation of a team to oversee the leprosy and tuberculosis controllers in each of the OCEAC member countries.

5157
CSO: 5400/45

CHILE

BRIEFS

NEW AIDS CASE--According to Health Minister Winston Chinchon a new AIDS case has been confirmed in Chile. He made this statement during the inauguration of a clinic in Pudahuel. The health minister said that the AIDS patient is a Chilean citizen who was living abroad. [Excerpt] [Santiago Domestic Service in Spanish 1630 GMT 7 Jan 86 PY] /12858

CSO: 5400/2024

CUBA

BRIEFS

FIRST SUCCESSFUL HEART TRANSPLANT--Last Monday, 38-year-old Jorge Hernandez Ocana was the recipient of the first heart transplant performed in Cuba at Havana's Hermanos Ameijeiras Hospital. His condition was described as satisfactory. Hernandez Ocana was suffering from a cadiopathic ischaemia. 90 percent of his heart muscle was destroyed, and he had suffered his third attack a week ago and had little chance of living. [Excerpt] [Havana Radio Progreso Network in Spanish 1200 GMT 10 Dec 85] /9599

SECOND SUCCESSFUL KIDNEY TRANSPLANT--The second kidney transplant with a live donor has been successfully performed in Havana's Hermanos Ameijeiras Hospital. Forty-three-year-old Jorge Pita Rodriguez donated that important organ to his 21-year-old son Jorge Luis Pita Piedra. The recipient suffered from chronic kidney failure. He had undergone hemodialysis or artificial kidney treatment for over a year. [Text] [Havana Radio Progreso Network in Spanish 1200 GMT 12 Dec 85] /9599

CSO: 5400/2023

DENMARK/GREENLAND

AIDS ARRIVAL WORRIES AUTHORITIES IN LIGHT OF SOCIAL NORMS

Stockholm DAGENS NYHETER in Swedish 22 Oct 85 p 10

[Article by Christian Palme: "AIDS Infection Now in Greenland"]

[Text] The newest AIDS alarm comes from one of the most isolated ares of the world. In Greenland, where ordinary venereal diseases are already of epidemic proportions, the first AIDS case has caused great unrest among the authorities and the politicians.

One male homosexual Greenlander has been confirmed to have AIDS, and it is suspected that he has already infected four other fellow countrymen.

Teams of experts both in Denmark and in Greenland have emphasized the danger of an AIDS epidemic.

"We are looking at the problem very seriously, and personally, I think that we have to raise an alarm," said Greenland's chief of state, Jonathan Motzfeldt.

Greenland is a self-governing country within the kingdom of Denmark.

"We are quite worried about it, and we fear the worst, because of the widespread promiscuity in Greenland," the Danish Greenland minister, Tom Hoyem, has also said.

It is the combination of freewheeling sexual habits and a near-epidemic distribution of venereal diseases in Greenland that has caused the unease surrounding AIDS infections. According to the national serum institute in Copenhagen, the common venereal diseases, gonorrhea and syphilis, are 100 times more common in Greenland than in the rest of Denmark. In 1983, cases of syphilis or gonorrhea were confirmed in 12,679 Greenlanders, or 24 percent of the population.

"The situation is very serious, and it causes the local doctors a lot of worry," says Head Physician Susanne Ullman, who is the venereal disease expert for the Danish government's Greenland Ministry. She and a number of other doctors are now demanding a to get an information campaign on AIDS going soon, to teach the Greenlanders to use condoms and to limit the number of sexual partners.

The old, native Greenlandic culture allowed relatively free sexual habits, but within specific limits. In the encounter with Western culture, which has invaded Greenland within the past few decades, all the old taboos have been demolished. Serious social problems and high unemployment have further contributed towards the elimination of the old rules, opening the channels for a dissolute sexual lifestyle, with many partners.

9584
CSO:5400/2508

GAMBIA

SCIENTISTS DEVELOP NEW HEPATITIS B VACCINE

Addis Ababa THE ETHIOPIAN HERALD in English 17 Dec 85 p 4

[Text] Though cancer is not as widespread in Africa as in the developed world, liver cancer is prevalent in Mozambique, Gambia and Senegal. It is estimated that 15 percent of children in these countries aged between five and 15 carry the virus Hepatitis B, believed to be the cause of liver cancer.

The Hepatitis B virus lurks in the blood and in the liver, where it can join the cells. An affected child may carry the virus through adulthood up to age 40, before succumbing to liver cancer. Such cases are known as chronic carriers who can, and in most instances do, infect others. For unknown reasons males are more prone to the disease than females.

Scientists at The Medical Research Council (MRC) Laboratories in Gambia claim discovery of a safe vaccine for the prevention of Hepatitis B virus. A proposed scheme in the Gambia is to vaccinate newly-borns, and to follow-up similar medication for the next 30 years to prevent infection with Hepatitis B virus and consequently, liver cancer.

Though the vaccine is expensive and the time taken considerable, Dr. H. C. Whittle of the MRC believes currently, it is the only way to confirm whether or not the incidence of liver cancer can be reduced.

Other physical disorders of concern to scientists at the MRC are malaria and measles where, in either case, children are the most vulnerable.

Malaria, which for centuries has plagued man, seems here to stay since the expectations, of some two decades past to control the mosquito, have not been realised. Little is known about the effects of malaria, especially how children die of it.

It is generally accepted now that the mosquito cannot be controlled since the mosquito has in many cases developed resistance to drugs, and sanitary conditions have not kept pace [with] the developments in environmental care. For example, mosquitoes find irrigated areas excellent breeding ground.

The Gambian child acquires considerable immunity from malaria by antibodies from its mother, and is less likely to suffer severe malaria attacks in the first few months of life.

At the MRC, a three-prong attack has been mounted against malaria. Patients are given tablets to cure the disease. Anti-malaria tablets are provided regularly to the rest, especially during the wet season. However, in either case, the probability of the mosquito developing resistance to the drugs cannot be discounted as has happened in East Asia and is now happening in East Africa.

Preliminary, but by no means conclusive evidence, from a study on the use of impregnated bed-nets as opposed to ordinary bed-nets, points to reduced malaria incidence among users.

Medical science has yet to come up with a cure for measles, though it has been successful in preventing it by vaccination. More often than not, Gambian children suffering from severe measles are taken to hospital after they develop secondary infections. The infant mortality death rate in hospitals stands at 50 to 100 per 1,000, and is higher than in the villages where it is 150 to 250 per thousand.

In urban areas where children are being infected with measles at an early age, attempts are being made to faccinate at age five months instead of at nine months as previously.

After trying a special measles vaccine in large doses for the last three years, "The results," says Dr Whittle, "have led us to believe that we can immunise children at five months of age, allowing them to join the community earlier and fully immunised against measles, polio and tetanus".

Infant mortality, which for long has caused great concern to the medical authorities, would appear to be on the decline in Gambia. Although precise figures are not available, studies carried out by the MRC in a typical rural community indicate that whereas five years ago the rate was between 200 and 230 per thousand, today a reasonable guess would be 150 or less.

Though it is difficult to give a categorical reason for this decline, Dr Whittle says increased and better medical services and research, coupled with improved living conditions during the period, may be contributory factors.

/9274
CSO: 5400/60

CONFERENCE ON TUBERCULOSIS, CHEST DISEASES OPENS

Calcutta THE SUNDAY STATESMAN in English 17 Nov 85 p 7

[Text] Shillong, Nov. 16--A universal immunization programme for children will begin on November 19 and funds for combating tuberculosis and chest diseases will be increased during the Seventh Plan under the Centre's accelerated health programme, reports PTI.

This was stated by the Union Minister for Health and Family Welfare, Mrs Mohsina Kidwai while inaugurating the 40th national conference of tuberculosis and chest diseases here today.

Mrs Kidwai said all children in the country would be covered by the immunization programme by 1999. The overall development plans were closely linked with building a healthy nation and improving living standards, she added.

Underlining the need for the spread of health programmes to the remotest areas to benefit the "poorest of the poor", Mrs Kadwi said the national programme to fight leprosy ahd been extended to Nagaland.

The region was facing major health problems which demanded immediate attention and trained staff, she said.

The conference president, Dr D. Umapathy Rao, said the national TB programme should be made a hundred per cent Centrally-sponsored scheme at least for three more Plans beginning with the Seventh.

Dr D. B. Bishi, Director-General of Health Services and chairman of the Tuberculosis Association of India, said a major breakthrough in treating tuberculosis had been made during the last four years with a record 1.2 million cases diagnosed and 1.5 million patients brought under treatment.

/9274
CSO: 5450/0077

MADRAS REPORTS 31 CHOLERA CASES, INOCULATION DRIVE

Madras THE HINDU in English 18 Nov 85 p 1

[Text]

MADRAS, Nov. 17.

As many as 31 cholera cases have been reported in the city during the past one week. These are among the 100-odd people referred to the Communicable Diseases Hospital at Tondiarpet with symptoms of diarrhoea and vomiting Mr. K. Madhava Sarma, Special Officer of the Madras Corporation, told newsmen today.

He, however, said the number of cholera cases was less than what was usually reported during the rainy season every year. "The situation is very well under control". None of these cases was reported from the relief camps but from areas like West Mambalam and Old Washermanpet.

There was no cause for panic as the civic body had launched intensive inoculation.. The commissioner advised the people to take precautions like boiling drinking water, cleaning vegetables before cooking and avoiding eatables sold by roadside vendors. He also appealed to them to report to the Communicable Diseases Hospital if there were any symptoms like diarrhoea and vomiting.

Mrs. Santha Sheela Nair, Commissioner, said the Corporation had geared itself to meet any eventuality arising out of the fresh depression that had formed in the Bay. The civic body warned the people who had gone back to their huts in the low-level areas after water had receded there of a possible threat from a fresh depression, and asked them to move to safety.

The flood situation at Velachery was well under control and the water level had come down by one foot since yesterday. Medical teams had been sent there to inoculate the residents.

The Commissioner said officials of the civic body were now preparing a report on the damage caused to city roads, storm water drains, etc., for being presented to the Central team due to visit Madras shortly to assess the flood situation.

The Corporation today distributed over two lakh food packets to rain-hit people at various relief centres.

Train service: The train services on the Madras-Gudur sector which were affected following the floods have been resumed.

The Shencottah Passenger, now being operated between Katpadi and Villupuram, will not be run from November 18 from Villupuram side and from November 19 from Katpadi side owing to poor patronage.

A Southern Railway release said the third broad gauge shuttle between Madras Central and Katpadi would also not be operated from November 19.

/9274
CSO: 5450/0078

INDIA

FLUOROSIS IN INDIA 'GROWING SCOURGE'

New Delhi PATRIOT in English 28 Nov 85 p 5

[Text]

"Fluorosis in India has surfaced as the growing scourge affecting 20 million people in 10 States", says Dr Susheela, vice president, International Society for Flouride Research and professor at All India Institute of Medical Sciences, New Delhi, reports UNI.

Till 1960, fluorosis was prevalent only in four States — Andhra Pradesh, Tamilnadu, Punjab and Uttar Pradesh. However today it has been detected in other States like Haryana, Delhi, Rajasthan, Gujarat, Madhya Pradesh and Karnataka.

The tooth appears to be the most sensitive organ in terms of response to even small fluctuation in fluoride ingestion.

Fluoride is not absorbed in blood stream. It has an affinity for calcium and get accumulated, resulting in mattling of teeth, pain in the bones and joints and outward bending of the legs from the knees (knock-knee syndrome).

Besides India, the incidence of endemic fluorosis is also well established in East Africa which is associated with the drinking of ground water in regions with volcanic rocks containing high levels of soluble fluoride salt. According to a recent report by International Development Research Centre, (IDRC) Canada, the countries which are most affected lie within Africa's great "Rift Valley", Kenya, Tanzania, Sudan, Ethiopia, Uganda, Rwanda, Burundi, Mozambique, Zambia, Zimbabwe.

More threatening and complicated is the problem in India. "Fluoride had permanently crippled more than 3,50, 000 inhabitants in Rajasthan and it seems that the deadly disease is likely to cripple more people", says an epidemeological study in 1983 by the Indian Council of Medical Research.

The study further elaborates, "in the morning, when people get up the whole body is found to be stiff. The joints loosen only after half an hour of movement. In some cases due to the compression of nerves by awkwardly growing bones paralysis sets in. Some of the victims cannot even move hands or legs and growing more helpless every day.

A study by defence laboratory in Jodhpur had noted that fluorosis is concentrated in the districts of Jodhpur, Bhilwara, Jaipur, Bikaner, Udaipur, Nagaur, Barmer and Ajmer.

According to a laboratory analysis of the 5000 water samples revealed that 91 per cent of the water was unfit for human consumption as it contained fluoride much higher than the prescribed limit, some time up to 15 times higher.

According to Dr J Krishnamurthy, director, Industrial Texicology Research, Lucknow, environmental changes accruing after the construction of dams have been vital to raise the fluoride intake, thereby causing the deformity of the legs.

For example, adults near the Nagarjun Sagar dam in Andhra Pradesh have developed deformity characteristics by the outward bendings of legs from knees and skeletal fluorosis. Apart from the severe physical handicap, fluorosis also contributed to serious emotional disturbance.

Skeletal fluorosis is found among adults, though children do develop symptoms, manifestations are limited to their teeth in the form of mottled enamel. The skeleton is rarely involved in children, as fluorosis is a disease that develops very slowly.

New evidence are emerging regarding the possible action of fluoride on human cells and tissues. An epidemological study by All India Institute of Medical Sciences, reveals that children born in the fluoratic areas to mothers ingesting high levels of fluoride are afflicted with skeletal fluorosis.

KENYA

BRIEFS

NO CHOLERA IN SIAYA--Cholera is no longer a threat in Siaya District, the chief public health officer, Mr Norman Masai, has declared. He said no cases of cholera had been reported from the district for the last six months, mainly because wananchi had heeded the Government's advice to maintain cleanliness in their homesteads. Mr Masai made the remarks when he called on the Siaya DC, Mr Cyrus Gituai. Public health officers, he said, had been mobilised to educate the public on sanitation and how to avoid vector borne diseases. He thanked the provincial administration for assisting the ministry by ensuring that toilets were constructed in every homestead and high health standards were maintained. Mr Gituai criticised the ministry for refusing to decentralise the system of awarding contracts in keeping with the requirements of the district focus for rural development. Officers from the Ministry of Works had difficulties in supervising health projects because specifications and allocation had been drawn up in Nairobi, he said. Mr Masai agreed with the DC and promised the situation would be rectified. [Text] [Nairobi DAILY NATION in English 7 Dec 85 p 5] /9317

CSO: 5400/55

MADAGASCAR

VACCINATIONS IN AMBATOBE MEDICAL CENTER

Antananarivo MADAGASCAR MATIN in French 19 Sep 85 p 3

/Text/ The initiative of a former cooperant, Andre Tremaille, combined with the later efforts of the Fokonolona, health officials and the Red Cross, have all led to the current expansion of the little Ambatobe Medical Center.

The center opened for business several months ago and, after ironing out a few wrinkles the first few days, began functioning on its own thanks to the material and technical assistance of the Red Cross Work Team.

Two future members of the medical corps, still in training, and various officials are currently working nonstop to keep the Ambatobe Medical Center running smoothly. One hundred and sixty children were vaccinated with DT, BCG and Coq Polio. This represents a good beginning which should be followed up and is the result of the efforts of the Fokonolona members as well as the assistance of the Health Ministry and the Red Cross.

The work continues to improve and the center's godfather, Mr Tremaille, closely follows activity and sends a number of necessary medications from time to time.

The good work of the Red Cross Work Team should not be overlooked either. This organization, which is always ready and makes itself useful in a number of ways, cannot respond immediately, but requires a few days advance notice.

9825/12228
CSO: 5400/35

BRIEFS

MONTERREY AIDS DEATH--Monterrey, N.L., 16 November--Today, the health authorities announced that the youth, Everardo Burnes Vela, died at University Hospital as a result of Acquired Immune Deficiency (AIDS). Burnes Vela is the third fatal AIDS case discovered in this capital. [Excerpts] [Mexico City EXCELSIOR in Spanish 17 Nov 85 STATES section pp 1, 6] 2909

CSO: 5400/2008

NETHERLANDS

STATE PUBLIC HEALTH SECRETARY PREDICTS AIDS INCREASE

Rotterdam NRC HANDELSBLAD in Dutch 27 Nov 85 p 2

[Unattributed article: "AIDS Number Three Cause of Death in 1990 among Men Aged between 20 and 60"]

[Text] The Hague, 27 Nov--In 1990 the disease AIDS will be in third place in the list of causes of death for men between 20 and 60 years of age.

This is the indication from replies given by State Secretary Van der Reijden (public health) to inquiries by the Second Chamber in connection with the AIDS bill.

The prediction is based on a "simple calculation" of the number of AIDS patients on 1 October 1983. Of them, 51 have died (61 percent).

Assuming a doubling in the number of AIDS patients per year, approximately 1,200 men between 20 and 60 will have died in 1990, whereby this group will achieve third place in the ranking for causes of death, following diseases of the heart and arteries and cancer.

The number of persons suffering from the disease in 1990 is estimated at 2,000. In this connection, the number of deaths is termed "the tip of the iceberg." The total number of persons infected with AIDS will supposedly be 4,000 in 1991, and about 2,000 in 1990. For 1989, the number is estimated to be 1,000 patients.

In following the development of statistics for the disease in America, the state secretary is no longer making his prediction on the basis of the gloomiest possible scenario, namely, a doubling every 6 months. At the moment, there is talk of a doubling every 8 months. The figures for 1990 are based on an expected doubling every year.

Van der Reijden has no enthusiasm for compulsary reporting of AIDS cases. This would in fact only increase the risk that people would unlawfully refuse to be registered, he writes. "Senseless and above all reprehensible," is what the state secretary calls demands for a no AIDS declaration, as recently made public by a Catholic school. Homosexual bars and saunas should

likewise not be subject to restrictions for fear of "underground exploitation of those opportunities over which no influence at all can be exercised."

Only 3 of the 83 registered AIDS patients were female. All three, a child 3 years old and two women aged about 60, had been infected by way of blood transfusion. It is known that 76 of the 80 male patients were homosexual or bisexual.

12412/13167
CSO: 5400/2512

NIGERIA

TSE-TSE FLY INFESTATIONS, RESEARCH EFFORTS

Kaduna NEW NIGERIAN in English 19 Nov 85 pp 1, 7

[Text]

ABOUT 737,335 (or 80 per cent) of Nigeria's 928,300 square kilometres surface area is infested by tse-tse, carrier of the fatal human and livestock disease, sleeping sickness (trypanosomiasis).

Alhaji Y. Magaji, Director of Kaduna-based Nigerian Institute of Trypanosomiasis Research, told visiting Minister of Science and Technology, Professor Emmanuel Emovon yesterday that rural dwellers, who form about 80 per cent of Nigeria's estimated 100 million people "are being constantly menaced by tse-tse fly and trypanosomiasis".

Alhaji Magaji said the disease greatly weakens the sufferer and makes him unproductive, adding that it depletes manpower resources, especially for agriculture.

It causes sterility, impotence and abortion in cattle, sheep and goats, sources of protein and milk, he also said.

The Director said trypanosomiasis kills pigs, which in Nigeria number between 600,000 and 980,000 "at the speed of lightning."

He said that neither human nor animal trypanosomiasis was on the decline because of the large number of flies which could transmit the disease and cause an outbreak in any rural community.

Speaking about the institute's activities, he said its mandate was expanded in 1975 to include river blindness (onchocerciasis) which made children go blind in Kaduna and Gongola states, adding however, that there is no state in Nigeria which is free of the disease.

The NITR branch of the Senior Staff Association of Universities, Teaching Hospital, Research Institutes and Associated Institutions, said in an address that any government investment in research towards the control and eradication of trypanosomiasis and onchocerciasis should not be seen as too much since that would lead to improved meat production and human health.

The association said since the Ministry of Science and Technology intended to reorganise research institutes, the institutes should be represented on the committee and they called on the government to appoint governing boards for the institutes.

They suggested that the ministry should explore ways of getting import licences for some basic reagents, drugs, damaged equipment and vehicles, lack of which hampared research. and that government should direct companies benefiting from research findings to pay certain percentage of their turn-overs in support of research as practised in other countries.

Professor Emovon, said yesterday that research institutes would be encouraged to utilize available resources in carrying out their functions.

He told newsmen in Zaria that he was aware of some of the problems of the institute which include lack of funds and equipment and pledged to give necessary attention to them.

He also said efforts would be made to ensure that research findings were made available to interested users, adding that the ministry was working on the possibility of commercialising some of its produce such as vaccine produced in Vom.

The minister was briefed on the possibility of substituting local material for use at the Leather Research Institute, Zaria during his visit to the institute.

Some of the materials such as *Bagaruwa* pods and *Tagiri* fruits which were kept in powder form were shown to the minister as substances that could be used in our tanneries.

/13104
CSO: 5400/57

POLAND

FIGURES ON INFECTIOUS DISEASE INCIDENCE THROUGH 1983

Warsaw PRZEGLAD EPIDEMIOLOGICZNY in Polish No 1, 1985 pp 27-34

[Article by Jan Kostrzewski and Jerzy Piatkowski: "Infectious Diseases in Poland in 1983"]

[Text] Some demographic data: in 1983, the population growth rate in Poland maintained itself on the same level as in recent years. The birth rate came to 371,400 with 207,800 in cities and 163,600 in rural areas. After deducting losses caused by migration, the actual birth rate for the entire country came to 346,400 with 325,500 of that in cities and only 20,900 in rural areas. Therefore, nearly the entire weight of the actual population growth rate must be borne by cities. In 1983, 59.7 percent of the population lived in cities whereas 40.3 percent in rural areas. Also in 1983, a record number of children were born in terms of the last 20 years: 720,800 births while 349,400 residents of Poland died. The birth rate in terms of 1 per every 1,000 persons places Poland in one of the first positions in Europe (10.2).

The number of infant deaths in 1980, 1981, 1982, and 1983 amounted to: 14,700, 14,000, 14,200, and 13,800, respectively, whereas the coefficient for infant deaths per 1,000 live births was: 21,300, 20,500, 20,400, and 19,300, respectively. In 1983 for the first time in our history, this coefficient fell below 20 infant deaths per 1,000 live births and just as importantly, it evened out between cities and rural areas. Admittedly, the rate of decrease of infant mortality during the past 5 years has been less dynamic than between 1951 and 1970. However, this is related, among other things, to the fact that nearly 70 percent of infant deaths are those occurring during the first month of life and the first and second place causes of infant mortality are fetal and neonatal diseases occurring during the perinatal period and congenital developmental defects which are difficult to prevent. In 1983, nearly 15 deaths per 1,000 live births were due to these causes and only 3 infant deaths per 1,000 live births were caused by respiratory and infectious diseases. Another positive phenomenon in 1983 was the low infant mortality rate in some provinces: Krosno--14,000; Legnica--14,700; Siedlce--15,100; and Slupsk--15,300 infant deaths per 1,000 live births. These are not bad indexes, in Europe as well, despite the fact that they are still far from the best (indexes) which would be between 7 and 10 deaths per 1,000 live births.

The overall epidemiological situation of infectious diseases in Poland did not undergo any marked changes in 1983 in relation to the past 5 years and in

comparison with last year. However, there were, in general, small changes in the epidemiological situation of the respective disease groups and diseases (Table 1).

In the group of infectious diseases of the digestive system, the number of cases of typhoid fever and paratyphoid in 1983 was somewhat lower than the median between 1977 and 1981 and than the number of cases in 1982. On the other hand, the number of other salmonelloses increased. The total number of cases of food poisoning including poisoning caused primarily by Salmonella bacilli and botulin rose insignificantly in 1982 and 1983 in relation to the median from the past 5 years. The number of cases of typhoid fever and paratyphoids in 1983 was slightly lower than the median during 1977-1981 and also slightly lower than the disease incidence in 1982. On the other hand, the number of other salmonelloses increased. The number of cases, in general, of food poisoning in 1982 and 1983, including primarily food poisoning resulting from Salmonella bacilli and botulin, increased insignificantly in relation to the median from the past 5 years. The number of cases of diarrhea in children 2 years of age and younger decreased slightly in relation to the median of the past 5-year period. On the other hand, the number of cases of bacterial dysentery rose markedly.

In the group of infectious childhood diseases, against which systematic vaccinations are conducted, one case of diptheria was noted--the first one in several years. The number of cases of whooping cough decreased more than twofold in relation to both the median from 1977 to 1981, and that of 1982. The incidence of tetanus in 1983 increased by comparison with the median but decreased in relation to 1982. The number of cases of measles in 1983 admittedly decreased in relation to the median of the 5-year period but rose in comparison with 1982.

In the group of infectious childhood diseases against which preventive vaccinations are not conducted, the incidence of scarlet fever and other streptococcal infections in 1983 was lower than the median during 1977-1981.

However, the epidemic growth of cases of chickenpox made its mark at 200,117 cases and that of epidemic parotitis [mumps] at 146,511 cases. The number of cases of rubella [German measles] decreased three- to fourfold in comparison with the median from 1977-1981. The number of cases of cerebrospinal meningitis decreased more than threefold in comparison with 1982 primarily due to the decline in the number of cases of viral meningitis which in 1982 manifested itself in the form of an epidemic.

The number of cases of encephalitis decreased slightly.

Viral hepatitis continues to be a serious epidemiological problem. In 1983, there occurred an increase in the number of viral hepatitis cases in relation to the median of the 5-year period and 1982. This increase pertained particularly to type A viral hepatitis. The number of type B cases decreased.

From among other diseases, the increase in the number of influenza cases in 1983 (1,234,940 cases) as compared with the previous year, also deserves

Table 1. Infectious Diseases in Poland Between 1977 and 1983
Number of cases, incidence per 1,000 and deaths

Pathologic entity		No according to international classification in compliance with the 9th Revision	Median from 1977 through 1981			1982			1983		
			Actual cases	Incidence	Deaths	Actual cases	Incidence	Deaths	Actual cases	Incidence	Deaths
1		2	3			4			5		
Typhoid fever		002.0	98	0,3	1	79	0,2	0	74	0,2	
Paratyphoid A,B,C		002.1—002.3	11	0,03		5	0,01		8	0,02	0
Other salmonelloses		003.9	9310	26,6	61	10 686	29,5	44	11 461	31,3	64
Dysentery		004,006.0	2961	8,5	1	1337	3,7	2	5789	15,8	1
Altogether			8641	24,9	—	11 043	30,5	—	10 870	29,7	—
Bacterial food poisoning						742			643		
	Botulism	005.1	386	1,1	5*	738*	2,0	15*	645*	1,8	11*
	Salmonelloses	003.0	5033	14,2	—	6503	17,9	—	6312	17,3	—
	Staphylococcic enterotoxin	005.0	612	1,7	14**	626	1,7	23**	985	2,7	18**
	Cl perfringens	005.2	1	0,0		0	0		0	0	
	Other and nondescript bacterial food poisoning	005.8,005.9 005.3,005.4	2852	8,1		3020	8,3		2429	6,6	
	Mushroom poisoning	988.1	525	1,5	—	88	0,2	—	381	1,0	—
	Chemical food poisoning	988.2,988.8 988.9,989	97	0,3	—	64	0,2	—	120	0,3	—
Diarrhea in children 2 years old and under		008,009	32 804	2502	358	27 543	2036	317	30 588	2259	267
Diptheria		032	0	0	0	0	0	0	1	0,0	1
Whooping cough (pertussis)		033	508	1,4	3	452	1,2	2	185	0,5	0
Streptococcal pharyngitis		034.0	4871	13,8	2	2664	7,4	2	2548	7,0	1
Scarlet fever		034.1	26 007	72,4		11 462	31,6		13 744	37,6	
Erysipelas		035,670	2232	6,3	8	1467	4,0	2	1684	4,6	12
Tetanus*		037,670,771.3	104	0,3	41	126	0,3	56	111	0,3	55

[table continued]

[continuation of table]

	Altogether		5100	14,3	492	27 569	76,1	509	7823	21,4	574
Cerebrospinal meningitis:	Meningococcal	036.0	305	0,9	48	382	1,0	33	312	0,9	77
	Other bacterial	320.0—320.3	2078	5,8	435	2802	7,7	467	2144	5,9	369
	Etiologically nondescript	320.8,320.9 322							717	2,0	116
	Enteroviral Coxsackie ECHO, sur. nondescript	047,049.0 049.1,053.0	2559	7,1	8	24 385	67,3	9	4650	12,7	12
	Lymphocytic	054.7									
Chicken pox		052	122 433	349,7	4	125 268	345,8	7	200 117	547,2	2
Measles (rubeola)		055	35 283	98,3	11	7620	21,0	2	11 271	30,8	5
German measles (rubella)		056,771.0	68 678	197,9	0	14 036	38,7	0	18 602	50,9	0
Encephalitis:	Altogether		450	1,3	442	431	1,2	361	410	1,1	395
	Arboviral	062—064	35	0,1	5	9	0,02	8	20	0,05	3
	Viral, nondescript	049.9	159	0,5		160	0,4		111	0,3	
	Herpetic and other	054.3,323.1 323.8,323.9	253	0,7	437	262	0,7	353	269	0,8	392
	Postviral	323.5							10	0,03	
	Altogether		52 004	147,5	361	50 028	138,1	311	61 729	168,8	338
Viral hepatitis including HbsAg+		070	—	—	—	15 786	31,6%	—	15 372	24,9%	—
Epidemic parotitis		072	115 362	321,3	1	56 220	155	2	146 511	400,6	1
Taeniasis		122,123	4330	12,4	2	2517	6,9	0	3063	8,4	1
Scabies		133.0	76 686	221	—	44 308	122	—	31 879	87	
Influenza		487	1 750 788	5046	174	590 184	1629	95	1 234 940	3376,8	165
Tularemia		021	3	0,0	0	4	0,0	1	4	0,0	0
Anthrax		022	1	0,0	0	0	0	0	5	0,0	0
Brucellosis		023	225	0,6	1	169	0,5	1	161	0,4	2
Listeriosis		027.0,771.2	25	0,1	—	5	0,0	2	2	0,0	1
Erysipeloid		027.1	409	1,2		331	0,9	0	238	0,7	
Poliomyelitis		045	3	0,0	0	7	0,0	0	2	0,0	0

[table continued]

[continuation of table]

Rabies	071	1	0,0	1	0	0	0	1***	0,0	1
Psittacosis and other ornithoses	073	2	0,0	—	0	0	0	0	0	0
Mononucleosis	075	627	1,9	—	674	1,9	0	752	2,1	1
Trachoma	076	—	—	0	14	0,0	0	17	0,1	—
Typhus (spotted fever) and other rickettsias	080—083	6	0,0	0	4	0,0	0	2	0,0	0
Malaria	084—771.2	27	0,1	0	16	0,0		12	0,0	0
Infectious spirochetal jaundice and other spirochetal infections	100	45	0,1	4	41	0,1	8	15	0,0	8
Tonsural microsporous favus	110	1406	4,1	2	855	2,4	1	667	1,8	2
Trichinosis	124	246	0,7	3	307	0,8	3	418	1,1	4
Toxoplasmosis	130,771.2	268	0,8	27	224	0,6	22	254	0,7	20
Persons bitten by animals suspected of having rabies or contamination with the saliva of such animals		3173	8,9	—	2442	6,7	—	2836	7,8	—

Legend:
0--cases not recorded
(-)--lack of information
*--verified at the PZH [State Institute of Hygiene]
**--together with botulism
***--brought in from the Sudan

attention. However, this number was lower than the median for 1977-1981. The number of trichinosis cases in 1983 also increased in relation to the median and to the preceding year. On the other hand, the number of imported cases of malaria decreased.

Further studies present detailed information pertaining to the respective pathological entities and disease groups. In this chapter, cases of poliomyelitis and rickettsiae, to which separate comments have not been devoted, should also be discussed.

Poliomyelitis--the epidemiological situation of poliomyelitis during the last few years was generally favorable. In 1980, five cases were recorded; in 1981, none; in 1982, there were seven cases; and in 1983, two cases (one in February in Ostroleka Province and another in October in the city of Wroclaw).

The first case was a 9-month old boy born on 19 April 1982 and living in Brok, Ostroleka Province, who was not vaccinated against poliomyelitis because of frequent infections. From 6 to 26 January and subsequently, from 8 to 18 February 1983, he was treated for pneumonia at the hospital in Ostrowa Mazowiecka. On 18 February 1983, the mother noticed that the child was not moving his left leg well. After consultations with an orthopedist and a neurologist, the boy was sent to the neuroinfection department of a hospital in Warsaw. Type 2 poliomyelitis viruses were grown from stool specimens taken on 11 and 12 March 1983. The seroneutralization reaction with serum obtained on 11 March 1983 was 1:512 in diluted form with type 1; 1:128 with type 2; and 0 with type 3. The tests were repeated on 29 March 1983: with type 1--1:384; type 2--1:64, and type 3--0. The neurological test conducted on 15 March and 2 May 1983 revealed a flaccid paralysis of the lower left limb, undergoing improvement.

The second case was also a boy, 1 year and 11 months old, born on 1 November 1981. He was vaccinated four times against poliomyelitis; the last time on 27 July 1983. From 7 to 15 October 1983, he was hospitalized and treated for diarrhea. He became ill again with symptoms of inflammation of the throat on 25 October 1983 and on 28 October he was sent to the hospital; neuroinfection and paresis of the lower extremities was suspected. On 2 November, flaccid paralysis of the left leg was confirmed. A type 2 poliomyelitis virus was grown from a stool specimen taken that day. On 29 October, the lack of antibodies for the three types of the poliomyelitis virus was confirmed by means of the seroneutralization test. On 22 November, the type 1 titers were 1:4; type 2--1:4; and type 3--1:8. Repeated tests on 6 December 1983 showed a 1:4 titer for all three viruses. A lowered immunoglobulin level was also confirmed. A neurological test given on 2 November and 20 December 1983, revealed a slight improvement.

Typhus [spotted fever] and other rickettsiae. Epidemic typhus transmitted by body lice had, in truth, been committed to history in Poland over 25 years ago because the last epidemic was recorded in Poland in 1957. However, there is still an epidemiological threat because every year, individual cases of recurrent typhus appear in persons who had epidemic typhus dozens of years ago. In 1983, for the first time in our history, only two cases of recurrent

typhus were recorded: one in Suwalki Province and the second in Bialystok. During the last 5-year period, a total of 18 cases of recurrent typhus were recorded; in 1979, there were 3 cases; in 1980, 5 cases; in 1981--4; in 1982--4; and in 1983--2 cases.

The first case was a 48-year-old man born in 1935. He had epidemic typhus in 1944 while living in Warsaw Province. Currently living in the village of Ukta, Ruciane district, he became ill on 6 June 1983 with headache, chills, fever of up to 40°C and shortness of breath. On 13 June a profuse spotted rash appeared on the body. The fever lasted until 18 June. Lice were not found on the patient nor in his immediate surroundings. The complement fixation reaction test with cellular Rickettsia prowazeki antigens was 1:800 and with soluble Rickettsia prowazeki--1:800; with cellular Rickettsia mooseri, it was 1:100. The patient recovered.

The second case, also a man, born in September of 1928 and residing in Bialystok presumably had epidemic typhus in 1943--his mother was ill with typhus at that time. He became ill with recurrent typhus on 24 September 1983 suffering from chills, headache, muscular pain, and sore throat. His temperature rose to 39°C. The clinical diagnosis was confirmed by means of serological tests performed four times: on 3, 5, 10 and 17 October. The complement fixation reaction titer with the cellular Rickettsia prowazeki antigen amounted to: 1:1,600, 1:1,600, 1:1,600, and 1:800, respectively. There was no confirmation of lice infestation in either the patient or in his surroundings.

Moreover, in 1983, three cases of Q fever were discovered. The first case was diagnosed in a 44-year-old man who stayed in Ulan-Bator (Mongolia) from 19 September to 18 October for the purpose of taking delivery of untanned, dry goatskins, sheepskins, and others. He became ill the day of his return to Lodz; i.e., on 19 October 1983, with chills, symptoms of weakness, and sweating and with a fever of 40°C. Initially, he was treated at home with ampicillin and subsequently, with metacycline. From 2 November, he was treated in the hospital. The diagnosis was made at the Clinic for Infectious Diseases of the Medical Academy in Lodz on the basis of clinical symptoms and the complement fixation reaction test as well as microagglutination with the Rickettsia burneti antigen performed four times; i.e., on 10 and 22 November and on 2 and 19 December. The O.W.D. [complement fixation test] titers were 1:32, 1:1,024, 1:512, and 1:512, respectively, while the microagglutination test titers were correspondingly: 1:256, 1:256, 1:512, and 1:512.

The skins, which were handled by the patient, were delivered by rail to a warehouse in Lodz in October and November of 1983. Therefore, serological tests were conducted on the 16 workers taking part in the transshipment of the skins. Those in whom the presence of antibodies was confirmed were placed under clinical observation. The diagnosis of Q fever was made in two men who were also in Mongolia in January and February of 1983 in conjunction with taking delivery of the skins and became ill there with symptoms of chills, fever, and muscular and joint aches and pains. The illness lasted several weeks. They were treated with polopirin, madroxin, and vibramycin. While under clinical observation in Lodz in November and December of 1983, they

complained of periodic joint and muscular pain. The O.W.D. titer with Rickettsia burneti was conducted three times at the State Hygiene Institute in Warsaw in November, December, and January 1984. In one patient, the O.W.D. titer was 1:128 and in the other, it was 1:16, 1:128, and 1:8.

The incidence of Q fever in Poland is rare and, as a rule, it is associated with the import of animals or materials of animal origin (particularly skins and wool). Control over the state of health of those who are returning home after performing work, which carries with it the risk of infection with Q fever, is necessary as is control over the state of health and working conditions of those who come in contact in Poland with imported animals or materials of animal origin which may be a source of Q fever infection.

9853/9365
CSO: 5400/3005

ADVANCES IN EPIDEMIOLOGICAL RESEARCH SUMMARIZED

Rubella Research

Warsaw PRZEGLAD EPIDEMIOLOGICZNY in English No 2, 1985 p 197

[Article by D. Imbs, H. Rudnicka, and A. Diuwe, Virology Center of the National Institute of Health in Warsaw: "Seroepidemiological Research on Rubella in the Polish Population"]

[Text] Antibodies against rubella were detected on the average in 74.9% of the studied population group (1556 subjects), with seropositivity in over 90% of subjects aged over 15 years. The values of the geometrical means of the titres were at the level of 1:24.9 in children aged up to 9 years, and from 1:54.8 to 1:105.2 in those aged over 9 years. The incidence of antibodies and the titres of antibodies were higher in women (77.6% and 1:35.4) as compared to the incidence and mean antibody titre value in men (72.2% and 1:27.8).

The incidence of antibodies and their titres were higher in the ubran population (77.1A% and 1:34.8) than in the rural population (72.4% and 1:27.7). The results obtained in 1982 showed a rise of the number of seropositive subjects and of the mean values of antibody titre in relation to the corresponding values in 1979 which could be explained by changes in the epidemiolgical situation with regard to rubella in Poland in these years. A correlation between the results of serological investigations and the history of rubella was found in 35% of subjects, while in 65% of subjects no such correlation was demonstrated.

Respiratory Disease Studies

Warsaw PRZEGLAD EPIDEMIOLOGICZNY in English No 2, 1985 p 206

[Article by M. Loza-Tulimowska, J. Wilczynski, R. Semkow, and L. Brydak, Virology Center of the National Institute of Health in Warsaw: "Incidence Of Antibodies Against Respiratory Viruses In the Sera Of Patients With Respiratory Infections In the Years 1981-1983"]

[Text] In 678 sera of patients with respiratory infections investigated in the years 1981-1983 the levels of antibodies were determined against the antigens of influenza virus B, influenza virus A (H1N1, H2N2, H3N2),

respiratory syncytial virus (RS) and parainfluenza virus type 1, 2 and 3. The highest geometrical means of antibody titres in all age groups were found against influenza viruses, particularly against group B virus, the lowest ones were against parainfluenza viruses, particularly types 1 and 2. A correlation was observed against the rise of the antibody titre of a given influenza virus and the frequency of its isolation in the population in a given year. The results of the determinations of the geometrical means of titres of antibodies against influenza A virus (H2N2) suggest that this virus might have been present and circulating in the Polish population although it was not isolated at the time when the studied sera were collected. In the oldest age groups a rise was observed in the titre of antibodies against parainfluenca type 3 virus and against RS virus.

Q Fever Cases

Warsaw PRZEGLAD EPIDEMIOLOGICZNY in English No 2, 1985 p 222

[Article by R. Stempien, Z Deron, T. Gorski, M. Libich, A Vogel, and M. Dadak, Department and Clinic for Infectious Diseases, Lodz Medical Academy: "Imported Fur Materials As A Cause Of Q Fever"]

[Text] The authors report the results of investigations for detection of Q fever in workers having contact with imported furs. Out of 6 workers working as experts of hides in Mongolia in 3 cases Q fever was diagnosed. Serological investigations of 29 workers employed in a storage room were imported hides were stored because of suspected contamination with C. burneti demonstrated in 4 cases raised antibody level. This was regarded as asymptomatic infection.

New Encephalitis Virus Strains

Warsaw PRZEGLAD EPIDEMIOLOGICZNY in English No 2, 1985 p 228

[Article by K. Bednarz, E. Nawrocka, Z. Wegner, and I. Pruszynska, Virology Center of the National Institute of Health in Warsaw: "Isolation of New Strains Of Tick-Borne Encephalitis Virus In The Gdansk Region. Characterization Of Biological Features"]

[Text] Seven new strains of tick-borne encephalitis virus were isolated from the brains of small mammals caught in the forests in the Gdansk region. The Gdansk-Wrzeszcz area was most heavily contaminated with this virus. The biological features of these strains were determined in vitro and in vivo studies. All strains were highly pathogenic for mice and replicated in cultures of fibroblasts of Japanese quail and chicken embryos.

/13104
CSO: 2020/52

POLAND

BRIEFS

SEARCH FOR AIDS CARRIERS--Warsaw, Nov 16 (AFP)--Police in Szczecin today detained about 40 people for more than an hour in an apparent search for carriers of the incurable disease acquired immune efficiency syndrome [word indistinct] a caller from the northern city told AFP here. The caller, who asked to remain anonymous, said police went to the homes of people it considered part of the Baltic port's "high risk" population and "threatened and intimidated them" and accused them of being "a threat to the nation." He added that not all of the detainees belonged to Szczecin's homosexual community, and that they were all told to present themselves to hospitals for AIDS tests. The police action, which the caller said was the result of a recent "AIDS neurosis" in the Baltic, began yesterday and was expected to continue over the weekend. Polish officials have said they uncovered four cases of AIDS--in two homosexuals and two haemophiliacs--during a survey last month of 1,679 people. An estimated 5,000 people are in the "high risk" category of Poles likely to contact the disease, the Health Ministry here said last September. [Text] [Paris AFP in English 1656 GMT 16 Nov 85 AU] /6662

CSO: 2020/51

BRIEFS

CONGO FEVER NURSE DIES--Sister Yvonne du Plessis (49), mother of three children died in the Kimberley Hospital yesterday where she had been in a critical condition for about two weeks after contracting Congo Fever from a patient she nursed. Shortly before her death a hospital spokesman announced that another sister, Sister Coleen van Tonder (34) is being treated for Congo Fever which she apparently contracted from Sister DuPlessis before she fell seriously ill. The spokesman said Sister Van Tonder who has been treated since Thursday has responded to treatment and her condition is satisfactory. Sister Du Plessis fell ill shortly after she nursed Congo Fever patient, Mr Adam Serfontein, manager of the John Vorster Airport. Mr. Serfontein has been discharged from hospital. Sister Du Plessis leaves her husband Tom and three children, (12), (9) and six years old. [Text] [Johannesburg THE CITIZEN in English 21 Dec 85 p 4] /8309

CSO: 5400/56

SWEDEN

AIDS VICTIMS OBLIGATED BY LAW TO REPORT ILLNESS TO DOCTOR

Classified as Venereal Disease

Stockholm DAGENS NYHETER in Swedish 31 Oct 85 p 20

[Article by Karen Soderberg: "Victims May Be Rounded Up by Police"]

[Text] Tomorrow on 1 November, AIDS will be classified as a venereal disease under the disease prevention law. This means that those who believe that they may be infected are obligated to see a doctor. It also means that those who refuse to do this may be rounded up by force.

The law runs as follows: anyone who suspects that he or she may have been infected by HTLV-3, the AIDS virus, must see a doctor and follow that doctor's instructions.

In the event that someone refuses to do so, or when a doctor has good reason to suspect that a person has been infected, the matter is turned over to the provincial disease prevention doctor, who makes a new attempt.

If this is also unsuccessful, the provincial government can decide to call in the police. If it involves a person who is exposing others to infection, the provincial court can decide in favor of enforced admission to a hospital until the risk of infection is over. In particularly urgent cases, the disease prevention doctor can decide in favor of immediate custody.

At the same time as AIDS is being written into the disease prevention law, the government has recommended that paragraph number 26 of the same law be stricken from the record. This paragraph states that a person who has intercourse, despite the fact that he/she knows or suspects himself/herself to be infected with a venereal disease, can be subject to fines or imprisonment for a maximum of two years.

Abstinence

This law change is a direct result of the AIDS phenomenon.

Unlike other venereal diseases, such as gonorrhea or syphilis, no cure has as yet been found for AIDS.
Anyone infected with the virus is to be considered infectious for the rest of his life.

If paragraph 26 were to remain in the law, this would mean that all persons infected with AIDS would have to abstain from sex for the rest of their lives. Also, anyone living together with an infected person would be subject to legal action.

However, striking paragraph 26 from the record does not mean that society is abandoning all possibilities for prosecution.

According to the criminal law code, anyone who spreads a serious disease is to be sentenced to imprisonment for a maximum of six years. If the infraction is serious, for example, if the disease spreading is intentional, or if many persons are affected, the sentence becomes a minimum of four and a maximum of ten years imprisonment, or life imprisonment.

Three High-Risk Groups

So much for the law. The problem is with reality.

So far, three high-risk groups have been isolated with respect to AIDS:

--Homosexual and bisexual men, the group which was first infected with the disease;

--Hemophiliacs, who become infected via medicines manufactured from infected blood; and

--Hypodermic-using drug addicts, who are infected when they shared needles with someone who is already infected.

The fact that AIDS is making it into the law codes just now is a sign that the authorities are hard pressed to make some indication that they are working on the problem, and a law can be used to exert pressure on municipal organizations and county councils. Besides this, the disease has now spread beyond the original risk groups through drug addicts who finance their drug abuse by means of prostitution.

Nightmare Situation

Today there are only a handful of men who have been infected in this manner. These people are a nightmare for epidemiologists, since they continue to spread the disease to persons who have no suspicion that they are under the risk of infection.

After a few months have passed, some people have symptoms who are reminiscent of influenza, but many persons can be infected--and infect others--for years, without being alerted by any symptoms.

By making laws covering the situation, we are taking the risk that some people will be scared away from seeking health care. Homosexual and bisexual men have good reason to be afraid of anything which could lead to official registration. The admissions staff in the hematology department of Soder Hospital has noted that the percentage of patients who prefer to remain anonymous is on the increase.

"Knowledge is Best"

Those who are against legal change believe that knowledge is the only effective vaccine against the disease, and that disease prevention cannot be accomplished with threats of force or punishment.

Those who support the new law believe that laws are the only way to affect the minority who are unaffected by information and who continue to spread the disease.

AIDS has resulted in a disruption in societal values. The mass media and the man in the street demand decisive action, but there are few good concrete ideas to be had. In addition, ideas from the field of epidemiology, which could possibly be effective, conflict with views widely held among the general population.

The idea of isolating the spreaders of the disease for the rest of their lives does have its supporters, but contradicts concepts of legality.

Free hypodermics, or free access to methadone, would diminish the risk of infection among addicts, but at the same time might be seen as tacit acceptance of drug abuse.

From the standpoint of infection, prostitution ought to be legalized and regularly inspected; but public opinion would rather see it classified as a crime.

Strict Supervision

There are two points which will be decisive in determining how the new law will affect the AIDS phenomenon:

First, it will depend on how strictly enforced the laws are to be.

Second, it will depend on how the persons to whom the law applies will be treated.

The test for AIDS is simple and can be done by any doctor. The sample is coded before it is sent to the laboratory, and only in the journal of the individual doctor is any indication made that the patient has, or does not have, AIDS.

The same doctor is expected to tell the patient the result and, if the result is positive, to monitor the patient and see to it that he or she does not, acting in shock or desperation, injure himself or herself, or others.

Despite the fact that AIDS research is intensive and broadly based, no vaccine or remedy for the disease has yet been found. Persons visiting the doctor and discovering that they are infected have nothing but confinement, restrictions, and fear to look forward to.

Bottleneck

The police, who will be making the enforced arrests if there are any, already have big problems. People say that they are infected, and then threaten to douse the policemen with blood or to bite him.

The detoxification clinics for drug addicts are a bottleneck. There are forty beds available in Stockholm at the present moment. Another ten are scheduled to be opened up at Sabbatsberg. At the same time, there are approximately one thousand heroin addicts in Stockholm. A little under half of them are suspected to be infected by the HTLV-3 virus. At least a hundred of them make their living through prostitution.

The disease prevention doctors, who are to be found in every province, will play a key role. It will be they who will make the decision for immediate arrest by the police or enforced admission to a hospital. How effectively the law will work will depend to a great degree on how, and whether, the disease prevention doctors do their job.

Effect on Prostitutes Weighed

Stockholm DAGENS NYHETER in Swedish 31 Oct 85 p 20

[Article by Karen Soderberg: "Clients Cannot Manage Unreasonable Hospitalization Demands"]

[Text] Now that AIDS is classified as a venereal disease, one of the results is that infected drug addicts who finance their abuse by means of prostitution can be forced to go to a hospital. But the two social workers who have contact with the women prostitutes of Stockholm have still not heard a thing about how the new law will affect their work.

There are between 100 and 150 drug addicts in Stockholm who live by prostitution.

For the most part, these are the people that the new law is aimed at. From the red-light districts around Malmskillnadsgata and in Ostermalm in Stockholm, the AIDS infection is being spread further into the population.

"No one has said anything to us, and it is hard to understand how the new law will work," said Gitten Kronlund.

Gitten Kronlund and John Henry work on the street among the people that the law was invented for. They are there to dissuade newcomers and to motivate the prostitutes toward detoxification.

"It is our duty to maintain confidentiality, and we do not believe in force. We make contacts, talk with people, and make ourselves known, in order to make a gradual impression. We show them that there is a way out, that they can have a more tolerable life, as well as personal dignity."

They work evenings and nights, when the women are out on the street. And they are there when it happens that someone makes a decision, and wants to drive to a detoxification center.

"And at just precisely that moment, we ought to be able to sit down in our cars and drive her to the hospital. But we can't! The detoxification ward at Sabbatsberg only takes admissions between eight in the morning and two in the afternoon. And anyone who wants to come has to call up on her own between eight and nine and make an appointment," said Gitten Kronlund.

"That is when our clients are sleeping, or out hunting for heroin. They do not have any alarm clocks or telephones. The time specification is a totally unreasonable demand," he continued.

There are 40 available spots for detoxification in Stockholm, half of them at Danderyd and Huddinge Hospital and half at Sabbatsberg, near where the majority of the prostitutes live.

"The biggest problem is the opening hours, but it has also happened that we have arrived on the scene with a client and then had to wait, because they were full," said John Henry.

What is going to happen now, they cannot even imagine, they say. Should the persons who come on their own to be detoxified be given precedence, or should the people brought in under enforced admission go first? Should both types be put together on the same ward? How are they going to hold on to people who only want to escape?

How long would they be able to hold them there? Who should go out and round them up? Who will supervise how the women are treated at the hospital? No one should be subject to treatment against his own will, say the doctors, but what alternatives do you have if your choice is between allowing yourself to be detoxified, or being a prisoner inside a hospital?

These are some of the questions Gitten Kronlund and John Henry would like to have answers to before the first of November.

Experts Comment on Law

Stockholm DAGENS NYHETER in Swedish 31 Oct 85 p 20

[Article: "Risk That Some May Disappear"]

[Text] [Question] Is it a good thing that AIDS is now classified as a venereal disease?

Anders Lonnberg, of the government's AIDS delegation and the Department of Social Services:

"We have suggested that the law be decriminalized, and we have made emphatic demands in support of patient anonymity, in order to avoid having people from the high-risk groups disappear from the health-care system.

"On the other hand, it is not reasonable to allow certain people to go around infecting others. Public demands that something be done will surely increase as the cases become more numerous. In the short term, it has also become important to decide the debate on whether to use force or not."

Goran Rado, assistant health care director, Stockholm:

"Finding the addicts, and detoxification, are the current bottlenecks in the care of drug addicts. Before the law was changed, we had planned a first step of more available spots and round-the-clock admission at Sabbatsberg. If things went on developing along current lines, we had planned an expansion on the infection clinics at Roslagstull and Danderyd.

"The goal is eventually to locate all the heroin abusers in the province. There is one ray of light in the whole affair: many drug addicts make their own decisions in favor of detoxification. Situations have never been as favorable as they are now, is what people are saying at the admissions desk at Maria Ungdom, for example."

Carl Fredrik de Ron, disease prevention doctor, Stockholm:

"The disease prevention doctors have made their statements on the new law. Most are in favor of force in certain isolated instances. Personally, I am quite torn between the two ideas. Part of me says that by making this new law, we are taking the risk that some people may simply disappear.

"Also, we have yet to see how long you can keep people locked up against their will. It is one of the questions which the new law will be testing out."

Projected Increase in Cases

Stockholm DAGENS NYHETER in Swedish 1 Nov 85 p 18

[Article by Karen Soderberg: "200,000 Swedes With AIDS By 1990"]

[Text] Even if no additional persons become infected with AIDS, Sweden will have approximately two thousand AIDS cases by 1990. This is the figure generated by SBL, the National Bacteriological Laboratory.

If the spread of the infection continues at the same rate as now, then we will have close to 200,000 cases. To date, 37 people have come down with AIDS in Sweden--twice as mamy as was the case last March. So far, nineteen of them have died. Some four hundred persons are being monitored in preliminary studies of the disease and approximately 4,000 have been infected.

Somewhere between ten and twenty percent of the infected cases will come down with AIDS in the next five years. It is estimated that the number of sick persons will double every eighth to tenth month.

In the US, some 14,000 people have come down with AIDS, half of whom have died. By the beginning of next year, the number of those having the disease will have increased to around 30,000.

Blood and Sex

The disease is carried primarily through blood and sperm. The virus has also been discovered in saliva, stools and mother's milk. Three HTLV-3-positive women have had children this year. Whether the children have become infected is as yet unknown. The risk of a mother's passing the virus on to her child seems to vary greatly, according to different studies.

The channels of infection are primarily infected blood and sexual acts. Incidentally, the disease is not particularly infectious. The virus does not live long outside the body and does not infect people through food, air or water.

Despite the latest rumors from France and other places, no vaccines or medicines have been found for the disease. Research has been intensive, but

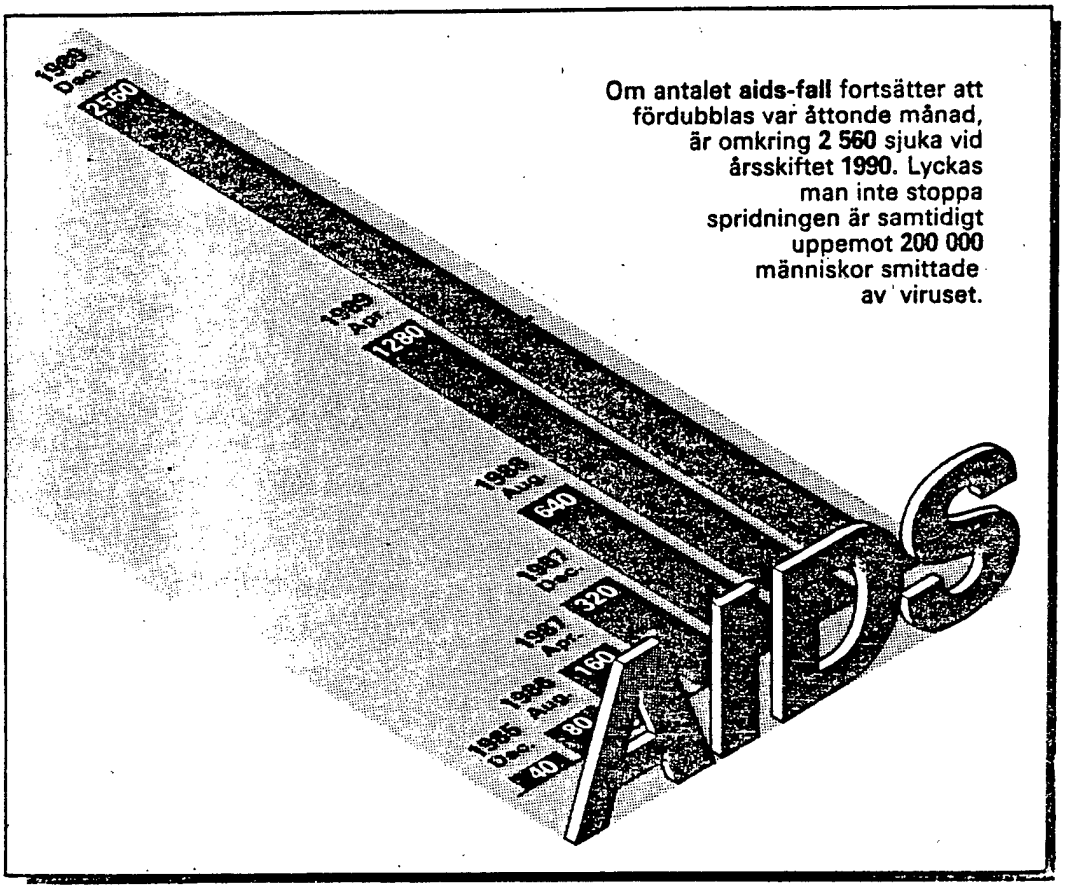
most experts seem to think that it will take at least five years to come up with an effective remedy.

No Defense

There continue to be many unanswered questions surrounding the virus and the disease. In the US, it will soon be five years that experts have been monitoring the development of the disease. The first cases occurred there in 1979, although we did not have any in Sweden until 1982.

The virus destroys the white blood cells, which are necessary for the body's defenses against infections. The body's immunity defenses break down. Those who come down with AIDS are smitten by otherwise unusual forms of cancer, lung inflammations and continuous infections.

The nervous system in the brain is damaged, and the sick persons are subject to changes in personality, memory loss, and lapses of thought, even nervous breakdowns.



If the number of AIDS cases continues to double every eighth month, there will be approximately 2,560 people sick with the disease by January of 1990. If we are not successful in stopping the spread of the infection by then, there will be nearly 200,000 people infected with the virus at the same time.

9584
CSO5400/2508

UNITED KINGDOM

BRIEFS

ULSTER VACCINATION CONCERNS--Belfast doctors are seriously concerned at the low level of vaccination against measles in the Eastern Health Board area. Despite an intensive publicity campaign, only 24 per cent of children have been immunised against the potentially lethal disease. In the Eastern Board's annual report for 1984, figures reveal only a four per cent increase in the level of vaccination. And there has been a 10 per cent drop in the number of two-year-olds protected against diphtheria, tetanus and polio. [Excerpt] [Belfast NEWS LETTER in English 5 Dec 85 p 4] /12379

CSO: 5440/033

IRELAND

BRIEFS

BOVINE TB SPENDING--More than £1,000 m. has been spent since 1954 in trying to eradicate bovine TB--but Ireland is still second last in the EEC as far as the radication of the disease is concerned. The figures emerged at a lengthy meeting on Public Expenditure last night when senior officials from the Department of Agriculture answered deputies questions with what was described as "disarming honesty." But in his summing up Michael Kennedy (F.F.) said they were left with anything but a guarantee that the department would finally succeed in eradicating the disease. Mr. O'Kennedy also hit out at the cost of administering the scheme which he described as unduly high. "That is something we are very concerned about." He also referred to the lack of what he called a comprehensive scientific survey being made. At the opening of yesterday's meeting the Chairman Michael Keating said Department of Finance estimates for the cost of the scheme was £35.496 m. for 1984 and £45 m. for this year. However John Butler, assistant secretary of the Department of Agriculture, said the figures they had were £33.5 m. for this year and £21.5 m. for 1984, for both TB and Brucellosis. More than 1,000 people were working on the scheme, he said. [Text] [Dublin IRISH INDEPENDENT in English 4 Dec 85 p 2] /12379

CSO: 5440/032

ISRAEL

RABIES OUTBREAK REPORTED

Tel Aviv DAVAR in Hebrew 27 Oct 85 p 6

[Text] Rabies has once again penetrated to the center of the country, after an absence of many years, said the director of Veterinary Services, Dr Arnon Shimshoni, in an interview for DAVAR.

The disease was brought by wild animals, particularly foxes and jackals, but house dogs and cats may carry the disease to people.

Instances of rabies were discovered in the Menashe Mountains, Wadi Ara, and Emeq Hefer, east of Hadera. The disease is advancing toward Haifa together with the foxes. Another center of infection was identified in the western Galilee, near Shelomi and Hanita, with an additional one north-west of Jerusalem.

Dr Shimshoni said that thanks to various prevention measures, rabies had become very rare in the country in the past 20 years, and only a few instances of rabies-infected animals were found each year at the northern border.

"The penetration of rabies to the central area of the country is very disquieting," said Dr Shimshoni, adding: "So far science has not succeeded in developing a way of inocculating foxes or other wild animals, and the areas now affected are very close to our population centers."

The disease is not indirectly contagious, and is transmitted only by direct contact, particularly through bites. "People should not hesitate to immediately report any bite and any suspicious animal, sick or dead," says Dr Shimshoni.

12782
CSO: 5400/4503

NIGERIA

NEWCASTLE DISEASE DESIGNATED PRIME FOWL KILLER

Lagos DAILY TIMES in English 26 Nov 85 p 13

[Text] A poultry disease tagged, "Newcastle disease" has been rated as the number one killer of fowls and other domestic birds in Nigeria.

This was made known by the acting director of the National Veterinary Research Institute, Vom, Jos, Dr. D.R. Nawathe.

Speaking to the Daily Times after a workshop organised by the Poultry Association fo Nigeria in the University of Ibadan, he said: "The high mortality rate of poultry is mainly due to Newcastle disease which is capable of spreading by all possible means; direct and indirect contact as well as through the air."

This, he said, has remained so despite the improvement in poultry management practices and availability of vaccines for chicks, growers and adults.

Dr. Nawathe said that the disease is a complex world ecological problem and of great economic significance.

According to him, commercial poultry is constantly being infected by strains of highly dangerous and disease-causing virus. These viruses, he said, are kept in circulation by wandering local chickens, apparently normal ducks and free-flying birds.

Dr. Nawathe said that Newcastle disease is complicated by a less serious but more common disease known as Gumboro disease. "The gumboro disease destroys the defence system of the poultry so that the animals concerned cannot fight against diseases" he explained.

Improperly vaccinated birds could contact Newcastle disease, said him. He added: "In order to prevent losses due to this disease, it is highly essential to ensure that the national flock of poultry enjoys uniform and solid immunity."

Dr. Nawathe recommended repeated vaccinations to maintain high level of immunity, adding that, there is nothing like "one shot protection."

He said: "For control of Newcastle disease, keep vaccines cold and keep vaccinating."

However, he said that usual methods of preventing the transmisison of diseases like the quarantine, isolation and segregation should be itensified.

"To prevent the spread of diseases, hygiene and sanitation is not an expense but an investment for which there is no substitute" said Dr. Nawathe.

/13104
CSO: 5400/57

NIGERIA

DECREASE IN RINDERPEST DEATHS REPORTED

Lagos DAILY TIMES in English 25 Nov 85 p 17

[Text]

TWO hundred and twenty heads of cattle, representing less than one per cent of the cattle population in Borno State died last year from rinderpest disease as against 192,000 representing about 50 per cent in 1983.

Governor Major Abdulmunini Amuni who stated this at the launching of the National Rinderpest campaign at the Maiduguri Cattle Market on Wednesday said the marked reduction in the disease was as a result of the efforts of the veterinary division of the Ministry of Agriculture and Natural Resources which vaccinated over one million heads of cattle last year.

Major Aminu said that between 1970 and 1980, rinderpest was eradicated in the country but relaxation of vaccination, coupled with prevalence of the disease in neighbouring countries led to a major outbreak in 1983 when over 500,000 heads of cattle died with Borno incurring over ten per cent of the losses.

The governor advised sole administrators and traditional rulers to get involved in the campaign and urged livestock owners to avail themselves of the services of the veterinary section providing free vaccination for their animals at designated centres.

He said that ₦50,000 was provided for the purchase of drugs and equipment.

The state commissioner of agriculture and natural resources, Malam Umar Abba Gana said about ₦1.5 billion was lost between 1980 and 1984 in the country due to the rinderpest disease.

/13104
CSO: 5400/57

TANZANIA

BRIEFS

RINDERPEST IN KIGOMA--Kigoma--Over 48,410 head of cattle in Kigoma Region were vaccinated against rinderpest in a nationwide campaign against livestock diseases which ended last week. However, the Regional Livestock Development Officer, Dr Henry Mbwile said the vaccinated animals represent 80 percent of cattle in the region. He pointed out that many holders in the border areas of Kasulu and Kibondo districts refused to send their animals to the vaccination centres for fear that the Government would register them for tax purposes. [Text] [Dar es Salaam DAILY NEWS in English 3 Dec 85 p 3] /9317

RABIES REPORTED--Rabbies is reportedly spreading in Kigoma Rural and Urban districts to the extent that suspected rabbid dogs are biting other dogs, sheep and goats. The Kigoma District Livestock Development Officer, Ndugu Ahsanteli Makundi, has said that 13 people were sent to hospital last month. [Text] [Dar es Salaam DAILY NEWS in English 6 Dec 85 p 3] /9317

CSO: 5400/55

ESSENCE OF OX PROVES EFFECTIVE AGAINST TSETSE FLIES

Cape Town THE ARGUS in English 3 Dec 85 p 8

[Text] London--Essence of ox may be the key to ridding Africa of the tsetse fly scourge, scientists believe.

Simple traps baited with the smell of ox and impregnated with an insecticide are being tried in Zimbabwe with impressive results.

These traps, combined with sophisticated spraying technology, could mean the end of the tsetse fly without destruction of the environment.

This is the opinion of three British scientists: Mr Tecwyn Jones, deputy director of Britain's Tropical Development and Research Institute; Mr Reg Allsopp, senior scientific officer and the department's tsetse control officer; and Dr David Hall.

Zimbabwean researchers found that the smell of cattle was more important than the sight of the animals in attracting large numbers of tsetse flies.

British scientists were able to isolate two easily available chemicals present in essence of ox: acetone and octenol.

Now simple traps, consisting of rectangles of dark cloth which smell of cattle and impregnated with an insecticide, are being tried out in Zimbabwe.

Major Advantage

In 600 square kilometers of the Rifa triangle of northern Zimbabwe, with four traps or targets for every square kilometre, tsetse flies have been virtually eradicated in the centre and have been reduced for distances of up to 5 km outside the treated area.

A major advantage of this method of fly eradication is that the traps are simple and cheap to make.

The institute is also taking part in trials involving spraying technology. Spraying is not new: between 1948 and 1954 Zululand was repeatedly sprayed from the air, resulting in the eradication of tsetse flies.

But techniques were crude and too much insecticide was used. Now low-dose aerosol is used, with tiny droplets drifting briefly through the flies' habitat and killing them before evaporating.

Dosages are minute: 20 grams a hectare and the insecticide used does not have a cumulative affect on the environment.

But this method, while effective, requires experienced pilots and sophisticated navigation equipment.

/8309
CSO: 5400/56

350,000 CHICKENS GET NEWCASTLE VACCINE

Harare THE HERALD in English 17 Dec 85 p 3

[Text] More than 350 000 chickens have been vaccinated so far as the fight against the spread of the Newcastle disease intensifies, the director of the Department of Veterinary Services, Dr Jimmy Thomson, said in Harare yesterday.

The disease entered the north-east of the country from Mozambique in October and roadblocks have since been mounted and a massive vaccination campaign launched.

Dr Thomson told The Herald: "Stringent efforts are being made by the department to limit the spread of the disease and these include the vaccination campaign and the roadblocks mounted to prevent poultry and poultry products from moving out of quarantine areas."

The disease had not yet spread to Harare and the department was making an all out effort to prevent it from reaching the city.

"At present, the nearest outbreak is over 80 km from the city," Dr Thomson said.

Fifteen vet teams in Mashonaland Central Province were taking part in the fight against the disease.

"We are working mainly in Glendale areas and the adjacent communal lands and also in Mount Darwin and the Rushinga districts. Although we still have a long way to go, the campaign against the disease is going on reasonably well."

Meanwhile in terms of an order gazetted at the end of last week, Mashonaland Central, East and West provinces have all be prescribed as Newcastle disease quarantine areas for the purpose of the Animal Health (Newcastle Disease) (Control) Regulations, 1968.

/13046
CSO: 5400/58

SOUTH AFRICA

BRIEFS

KAROO LOCUST INFESTATION--Agricultural authorities are to use a R7m government job creation grant to help fight a locust infestation in the Karoo and to launch other environmental projects. This was announced in Pretoria yesterday in a joint statement by Agricultural Economics and Water Affairs Minister Greyling Wentzel and Agriculture and Water Supply Minister Sarel Hayward. They said R2m would be used to combat a serious outbreak of brown locusts, which could cause extensive damage to natural grazing and crops in the Karoo and adjacent grasslands if it was not brought under control rapidly. Other projects to be launched included the planting of drought-resistant forage plants, cleaning of irrigation canals and the repair of unserviceable farm roads. Existing projects such as the combating of weeds, bush control and the erection of smaller soil conservation structures would also benefit from the grant. [Text] [Johannesburg BUSINESS DAY in English 10 Dec 85 p 4] /8309

CSO: 5400/56

VIETNAM

AGRICULTURE MINISTRY ISSUES INSECT PEST REPORT

BK011257 Hanoi Domestic Service in Vietnamese 0500 GMT 1 Jan 86

[Text] The Vegetation Protection Department of the Agriculture Ministry recently released a report on the insect situation in the recent past and a forecast for the days ahead.

In the northern provinces, the density of rice stem borers in the 5th-month ricefields has decreased to about 20 per square meter. In Hai Hung Province the density is up to 100 per square meter in some places, killing from 6 to 10 percent of the rice seedlings.

The number of rice leaf beetles in the plains provinces and highlands is up to 40 or 50 per square meter. Rice blast has appeared on the seedlings in many places. In Duc Tho District, Nghe Tinh Province, up to 500 hectares have been affected.

In the southern provinces, especially in the Mekong Delta, small leaf rollers have damaged the winter-spring rice crop area. The density of leaf rollers is up to 3 or 5 per square meter on 12,000 hectares and from 15 to 20 per square meter on approximately 5,000 hectares.

Rice stemfly have appeared in the central coastal provinces. In some areas of rice seedlings, the density of stemflies is up to 200 per square meter, mainly in Binh Tri Thien and the northern part of Nghia Binh and Phu Khanh Provinces. Brown planthoppers in the Mekong River Delta have damaged 10,000 hectares of late 10th-month rice and early winter-spring rice. The density is about 300 to 500 per square meter and up to 1,000 per square meter at most.

Moreover, leaf-eating caterpillars have also caused some damage to winter-spring rice. In the days ahead, rice leaf beetles in the northern provinces will damage the spring rice seedlings and newly transplanted rice, and rice blast will continue to develop on rice seedlings.

In the southern localities, leaf rollers, caterpillars, borers, brown plant-hoppers, and stemflies will continue to develop.

The Vegetation Protection Department reminds northern localities of the need to spray insecticide on the winter crops, organize the catching of rice leaf beetles, and spray anti-riceblast chemicals on seedlings. In the southern provinces, insecticide should also be sprayed to prevent and control riceblast.

/12712 END
CSO: 5400/4340